

# **Cross-systems Initiatives for Children and their Families**

Systems of Care (wraparound)

Home and Community-based

Medicaid Waiver

Transformation Committee

March 6, 2006

# Need

- Nearly ½ of children's mental health treatment is paid for by private insurance, but this share is significantly less than the proportion of children (70%) who are privately insured.
- Private mental health insurance (usually a managed care plan) is usually limited to outpatient visits and acute inpatient care with annual and lifetime limits. It often does not meet the needs of children with SED with severe functional impairments.
- Access to mental health services is so inadequate in some cases that some families are driven to place their children in child welfare or juvenile justice systems in order to obtain care for severe mental health needs (GAO, 2003).

# **Indiana's Public Services for Children with Serious Emotional Disturbances**

- **Community-based mental health services for Children with SED in Indiana are available, but limited by resource constraints.**
- **Medicaid eligible children can access community-based mental health services through the State's Community Mental Health Centers:**
  - **Case Management**
  - **Therapies (individual, family, group)**
  - **Partial hospitalization**

# Services for Children with SED

- Children above 200% FPL have no State subsidized mental health services available to them. These children must rely on private health insurance or self pay.
- Indiana recognizes the need for community-based services for all SED children, as a means of reducing state hospital and PRTF utilization.
  - Approximately 10% Hoosier Children have SED.
  - At 200% FPL or lower, there are 30,500 SED children
  - DMHA provides services to 83% of the SED children at 200% FPL or lower, but this **only accounts for 30% of the children with SED.**

# Children Served - DMHA

## Description

- In SFY2005, 29,598 children were enrolled in the DMHA data base as eligible for HAP \$.
- Only 37.3 % were funded at a rate of \$1609/child.
- Need to consider Medicaid \$ spent for child mental health services.
- Gender: male 61%  
female 39%
- Age:  
0 – 3 2.4%  
4 – 12 57.8%  
13 – 17 39.8%
- Hispanic: 5%
- Race:  
American Indian .4%  
African American 18.6%  
Asian .1%  
Caucasian 73.2%  
Other 7.5%

# **Specific Child Behavioral Health Initiatives**

- **Systems of Care**
- **Home and Community Based 1915(c) Medicaid Waiver for Children with SED**
- **Screening, Assessment, and Treatment Initiative for Children in Child Welfare**
- **Recommendation for Standardized Assessment**
- **SEA 529 Plan**

# **Systems of Care**

- **Intensive Community Based Care**
- **“Wraparound” – Child & Family Teams**
- **2 graduating CMHI (federally funded) SOC (Lake & Marion Counties)**
- **SOCs in various stages of development in 57 of 92 Indiana Counties**
- **Technical Assistance Center for SOCS and Evidence Based Practices for Children and Their Families**



# SOC Data....

## Circle Around Families & Dawn

(Pavkov, Greenwald, Wright & Kooreman, 2005)

	CAF	DAWN
Age	13.3	12.6
Gender (male)	72.4%	70.5%
Ethnicity (Hispanic)	13.8%	1.0%
Race:		
African American	52.0%	54.2%
Caucasian	36.8%	42.9%
Other	11.2%	2.9%

## Statewide Systems of Care (SFY2004)

Age (mean)	11.46
Gender (male)	62.6%
Ethnicity ( Hispanic)	7.4%
Race	
African American	27.6%
Caucasian	60.2%
Other	12.2%



# 1915 (c) Medicaid Waiver for Children with SED

- The SED Waiver is a 3 year demonstration, cross-system initiative led by the Division of Mental Health and Addiction.
- The Office of Medicaid Policy & Planning, Department of Correction, Division for Exceptional Learners, then Division of Child & Family Services, advocates, families and providers participated in work groups in support of the SED Waiver.
- The Level of Care tool utilized by Indiana's State Psychiatric Hospitals and the Waiver was endorsed by this group and providers.



# **Key Components of the SED Waiver**

- Just like state psychiatric hospitals, parental income requirements under Indiana Medicaid are waived for children who are otherwise eligible for this SED waiver program.
- Data estimates for children with similar diagnoses indicate that up to 90 percent of waiver eligible children are already Medicaid beneficiaries or are currently Medicaid eligible.
- In Waiver Year One, 79% of the children on the waiver were already Medicaid eligible.

# Services of the SED Waiver

- **Wraparound Facilitation -**  
Includes activities which build collaboration and coordination among family, caretakers, service providers, educators, and community resources. Activities that promote access to informal community support and relationships, as well as activities which promote flexibility of appropriate and effective services are included. Wraparound facilitators will be responsible for the assessment of the child's strengths and needs, the development of a community based plan, and the monitoring and evaluating of service outcomes.
- **Respite Care -**  
Temporary and short term relief for the families/caretakers of the child. A maximum of 840 hours a year will be



# Waiver Services

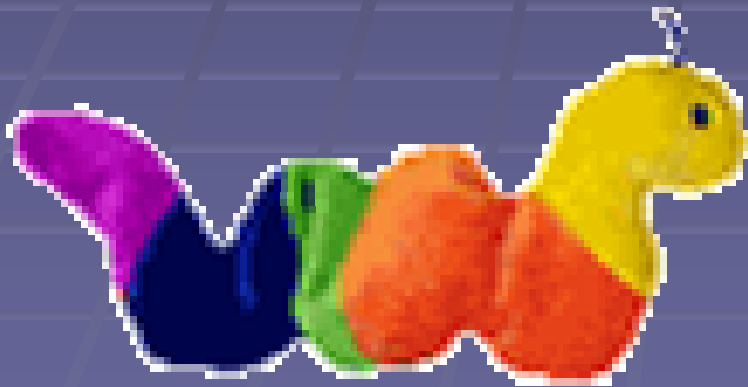
- **Family Training and Support**  
- Includes activities that assist and coach the family to increase their knowledge and awareness of the child's needs, and interpret policies, procedures and regulations that have an impact on the child's life in the community. This service also includes behavioral management training. (Family does not include individuals employed to care for the child.)
- **Independent Living Skills -**  
Includes activities that teach the child/adolescent self-help, socialization, and adaptive skills needed to reside successfully in the community. This service may include budgeting, engaging in recreational activities with peers, and appropriate school and work behavior.
- **Services in IN's State Medicaid Plan** (case management, therapy, etc.)

# Financing the SED Waiver

- DMHA Pre-obligated financial resources for the three waiver years to support all Waiver service costs and the State Plan costs for parental income disregard children.
- Dept. of Correction agreed to an annual contribution of \$100,000 for three years.
- Medicaid continues to pay the for the State Plan costs for children who were already eligible for Medicaid.
- The children who first entered the waiver demonstrated significantly higher Plan of Care costs than were expected.
- However, actual expenditures were dramatically lower than anticipated.
- Estimate \$60/day waiver costs (due to limited data, this information reflects trends and will need to be followed closely).

# Progress

- **Waiver Year One** began on February 1, 2004 -- the first child to receive services entered the system in October 2004.



- **SED Waiver utilization:**
  - Available slots: 65.
  - Children on waiver as of 3/09/06: 31
  - Children who have received services: 34
  - Applications: 50
  - Not Eligible: 9
  - Children who moved to lower level of care: 4
  - Children discharged from state hospital: 6

## **Next Steps?**

- Role of Waiver in Transformation of MH System?

**For Additional Information, Contact:**

**Cheryl Shearer**

**Bureau Chief for Children**

**IFSSA/DMHA**

**317 232-7934**

**[Cheryl.Shearer@fssa.in.gov](mailto:Cheryl.Shearer@fssa.in.gov)**